

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091868991 26 JUL 2001

APPLICANT

*McDell*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/				51									
2		/		/			52									
3		/		/			53									
4		/		/			54									
5		/		/			55									
6		/		/			56									
7		/		/			57									
8		/		/			58									
9		/		/			59									
10		/		/			60									
11		/		/			61									
12		/		/			62									
13		/		/			63									
14		13		/			64									
15		13		/			65									
16		10		/			66									
17		10		/			67									
18		10		/			68									
19		10		/			69									
20		10		/			70									
21		10		/			71									
22		10		/			72									
23							73									
24		/		/			74									
25		/		/			75									
26		/		/			76									
27		/		/			77									
28		/		/			78									
29		/		/			79									
30							80									
31							81									
32							82									
33							83									
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36							86									
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38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	1		1				TOTAL IND.									
TOTAL DEP.	52		28				TOTAL DEP.									
TOTAL CLAIMS	53		29				TOTAL CLAIMS									